



Revision Date: 2/19/2018

REQUEST TO ACCESS PATIENT MEDICAL INFORMATION (IN OFFICE)

I understand that I have the **right to access**¹ my complete medical records maintained by Capital Women’s Care, based on the federal HIPAA law. I sign this request to affirm my desire to come into a Capital Women’s Care office to access my entire medical record on a secure computer. I understand that this request should be coordinated with the staff at the Capital Women’s Care location of my choice and will be fulfilled within a reasonable time, per HIPAA “Right to Access” medical record guidelines. I understand that my health care will not be affected if I do not sign this form.

I also understand that I can access portions of my medical record via the Patient Portal and would like access to the portal if I do not already have such access. Initial Here: _____

PATIENT INFORMATION

Date Requested to Access Complete Medical Records In Office: _____

Patient Name (Print): _____

Former Name (if applicable): _____

Social Security Number: _____

Telephone Number (Primary): _____

Birth Date: ____/____/____

Email Address: _____

Signature of Patient/Legal Representative

Relationship to Patient, if not signed by Patient

Date

¹ An individual does not have a right to access PHI that is not part of a designated record set because the information is not used to make decisions about individuals. This may include certain quality assessment or improvement records, patient safety activity records, or business planning, development, and management records that are used for business decisions more generally rather than to make decisions about individuals. In addition, two categories of information are expressly excluded from the right of access: Psychotherapy notes, which are the personal notes of a mental health care provider documenting or analyzing the contents of a counseling session, that are maintained separate from the rest of the patient’s medical record. See 45 CFR 164.524(a)(1)(i) and 164.501. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. See 45 CFR 164.524(a)(1)(ii). However, the underlying PHI from the individual’s medical or payment records or other records used to generate the above types of excluded records or information remains part of the designated record set and subject to access by the individual.

CWC Internal Use Only	
Upon Completion, Upload to Patient’s Chart (Document Management/ICS Tool)	
Date Request was Received: _____	
Date Request was Granted: _____	